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## Experiences of fathering a baby admitted to neonatal intensive care: A critical gender analysis

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### ABSTRACT

More fathers than ever before attend at the birth of their child and, internationally, there is a palpable pressure on maternity and neonatal services to include and engage with fathers. It is, thus, more important than ever to understand how fathers experience reproductive and neonatal health services and to understand how fathers can be successfully accommodated in these environments alongside their partners. In this paper we advance a theoretical framework for re-thinking fatherhood and health services approaches to fatherhood based on Critical Studies on Men (CSM). We illustrate the importance of this feminist informed theoretical approach to understanding the gendered experiences of fathers in a Neonatal Intensive Care Unit (NICU) setting in Northern Ireland. Using a longitudinal follow-up research design, with two data collection points, a total of 39 in-depth semi-structured interviews was conducted with 21 fathers of infants admitted to the NICU between August 2008 and December 2009. The findings demonstrate: (i) how men are forging new gendered identities around the birth of their baby but, over time, acknowledge women as the primary caregivers; (ii) how social class is a key determinant of men's ability to enact hegemonic forms of 'involved fatherhood' in the NICU, and; (iii) how men also encounter resistance from their partners and health professionals in challenging a gender order which associates women with the competent care of infants. An understanding of these gendered experiences operating at both individual and structural levels is critical to leading change for the inclusion of fathers as equal parents in healthcare settings.

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### Introduction

Since Marsiglio's claim over 15 years ago that fatherhood 'remains a hot topic' (Marsiglio, 1993, p. 484), an extensive body of scholarly literature and policy discourse has accumulated (see Genesoni & Tallandini, 2009 for recent overview). Historically, much of the research on fatherhood was dominated by a focus on the 'role' of the father in child development and the impact of father involvement on children, informed by psychological perspectives (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000; Lewis & Lamb, 2007). However, over the last twenty to thirty years, there has been an upsurge in research exploring and ana-

lysing socio-cultural representations of fatherhood and the inter-personal processes associated with how fathers construct and negotiate paternal identities (Barclay & Lupton, 1999; Dermott, 2008; Featherstone, 2009; Hobson, 2002; Henwood & Procter, 2003; La Rossa, 1997; Lewis & O'Brien, 1987; Lupton & Barclay, 1997; Miller, 2011). Nonetheless, this expansion of fatherhood studies reveals diversity in fathering contexts and fathering experiences, which suggests that the field is far from saturated (Chin, Hall, & Daiches, 2011; Dermott, 2008; Genesoni & Tallandini, 2009). Neonatal intensive care is increasingly an important arena of new parenthood. Since the inception of modern neonatology around 50 years ago, theoretical knowledge and practise in foetal–maternal–neonatal care has advanced rapidly and has resulted in the improved survival and reduced morbidity of the newborn, particularly extremely premature babies. Despite these important advances, many challenges remain for the men and women who experience early parenthood of medically fragile babies (Lupton & Fenwick, 2001; Pohlman, 2009). The atypical environment of the NICU is recognized as interfering with mothers'

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ability to bond with her infant, and a place where mothers experience loss, grief, despair, uncertainty, powerlessness, loss of control, role alterations and alienation (for example, [Orapiriyakul, Jirapaet, & Rodcumdee, 2007](#); [Shin & White-Traut, 2007](#)). The experiences of fathers have received comparatively less attention than that given to mothers and, of the small number of studies which focus on fathers, only a few have explicitly addressed the gendered experiences of fathering within the NICU context ([Heimer & Staffen, 1998](#); [Hugill, 2005](#); [Pohlman, 2005, 2009](#)). In particular, empirical research on fatherhood has yet to be adequately influenced by the expanding body of theoretical and feminist informed critical research on men and masculinities ([Hearn, 2002](#); [Kearney, Mansson, Plantin, Pringle, & Quaid, 2000](#); [Lupton & Barclay, 1997](#); [Plantin, Aderemi Olukoya, & Ny, 2011](#); [White, 1994](#)).

### Critical studies of men and masculinities

[Hearn \(2004\)](#) usefully distinguishes between two types of writing on men and masculinities: men's studies and critical studies on men (CSM). Men's studies writing (for example: [Bly, 1990](#); [Faludi, 1999](#)) is based on an intellectual and community-based movement which seeks to re-affirm 'true' notions of manhood because, it is claimed, the natural order in gender relations has been severely threatened by feminism's 'misguided' attempts to transform the gender balance ([Whitehead, 2002](#)). The second approach to writing on men and masculinities is 'CSM'. CSM emerges primarily from within feminism and also gay and queer studies and is the study of the gendered nature of men's lives and masculinities in contemporary societies ([Brod & Kaufman, 1994](#); [Connell, 1995](#); [Kimmel, Hearn, & Connell, 2005](#)). There are three feminist informed principles integral to CSM: (i) seeing gender as socially constructed; (ii) hegemonic masculinity; and (iii) challenging gender power relations ([Lohan, 2007](#)).

Seeing gender as socially constructed, according to [Kegan-Gardiner \(2005, p. 35\)](#), is the most significant achievement of 20th century feminist theory because it challenges the equation of sex with gender and instead recognises that different cultures and different periods actively (re)construct and enact gender differently in on-going social interaction and gendered power relationships. CSM is about recognizing that men 'have gender too' ([Annandale & Riska, 2009, p. 123](#)). It means holding a mirror to the 'male gaze' and researching the gendered constructions of men's lives alongside those of women's ([Lohan, 2009](#)). The concept of *hegemonic masculinity* ([Connell, 1995](#)), although widely debated in CSM ([Connell & Messerschmidt, 2005](#); [Demetriou, 2001](#)), has become central to theorising hierarchies of power between men. Hegemonic masculinity represents the most exalted or leading version of masculinity which becomes embedded in institutional and cultural practises and acts to stabilise a structure of dominance in the gender order as a whole, such that alternate ideals of masculinity appear less legitimate. Men's differential abilities to emulate hegemonic masculine ideals in their own lives are the basis for specific forms of gender hierarchies between men. In relation to *challenging gender power relations*, [Hearn \(2004\)](#) argues for a need to look critically at the ordinary, taken-for-granted dominant constructions, powers and authorities of men in relation to women and children. In essence, it is about focussing the feminist project on men and recognising that transforming gender relations means not only changes by women, but comparable changes in men's lives too. It is to theorise men's lives in a way, which does not re-exclude men's structural positioning with women and femininities ([Hearn, 2004](#)).

The leading question addressed in the research we describe below is how CSM opens up for analysis a critical understanding of the experiences of fatherhood within NICU. This critical analysis

entails not only an exploration of men's experiences *per se* but how these experiences inform the gendered nature of caring responsibilities. By this we mean how men's caring responsibilities are situated in the context of gender relations with their partners, baby (babies) and healthcare staff within the specific context of NICU and, more broadly, in the gendered structures of contemporary society. As such, we contribute to [Heimer and Staffen's \(1998\)](#) theorization of 'the sociology of responsibility'. Our paper contributes to this 'sociology of responsibility' by highlighting how our chosen theoretical framework – Critical Studies of Men and Masculinities – illuminates the gendered social mechanisms through which people are compelled to take responsibility for others. In turn, we explore the theoretically derived gender dimensions of the social construction of gender, hegemonic masculinity and gender relations of power in the narratives of fathers whose babies were admitted to NICU at birth.

### Methods

This qualitative, longitudinal follow-up study is based on the narratives of men who experienced an admission of their newborn baby to NICU at birth collected at two time-points. 'Time 1' data was collected when the infant was still hospitalised in the NICU (average between two and four weeks old) and, 'time 2', data collection occurred following the infants' discharge home. The timing of the follow-up interview varied between one month and six months but mostly occurred between three and four months post discharge from hospital. The decision to interview men while in the NICU was motivated by the need to explore men's real-time experiences of NICU, which are usually not available in wholly retrospective accounts. The decision to interview men a second-time at home was informed by the limited availability of data on fathers' transition to caring for a child admitted to NICU at home (for exceptions see [Heimer & Staffen, 1998](#); [Lee, Lin, Huang, Hsu, & Bartlett, 2009](#); [Lindberg, Axelsson, & Ohrling, 2008](#); [Pohlman, 2005](#)). As reported by [Dolan and Coe \(2011\)](#), repeat interviews also helped to establish rapport and trust between the researcher and the researched as well as helping to establish greater trustworthiness in the data collected. The research setting for this study was a large regional NICU in Northern Ireland. It is designated as a level 3 NICU ([BAPM, 2001](#)) which means it provides specialist medical and surgical neonatal services for all of Northern Ireland as well as providing the whole range of neonatal services to the population of Belfast. The unit had 509 admissions in 2009 ([NICORE, 2009](#)). The study was approved by the Northern Ireland Office of Research Ethics Committees (ORECNI).

### Study sample

The study sample was recruited using a purposive sampling procedure that promoted maximum variation ([Patton, 1990](#)). The goal of this strategy was to capture a cross-section of the population of fathers of infants admitted to the Regional NICU between August 2008 and February 2009. The senior clinical sisters in the NICU approached 31 fathers of infants of all gestational ages and levels of dependency (as defined by [BAPM/NNA, 1992](#)), who were deemed suitable to approach after 72 h. The terms of ethical approval prohibited us from interviewing men under 18 years of age and fathers whose infant(s) died in NICU. Of the 31 fathers approached, only three declined the offer of an introductory meeting with the researcher (KD), and 28 agreed to an introductory meeting. Six of these fathers were later lost to follow-up as their infant(s) were subsequently transferred to another hospital and one father was unable to be contacted after the introductory meeting. In total, 21 fathers agreed to participate in the study at time 1. [Table 1](#) provides

**Table 1**  
Socio-demographic characteristics of the fathers interviewed.

Characteristics	Number (time 1)	Percentage (%)
Mean age (years)	31.5	—
Age range	18–43	—
Number of children (at time of interview)		
1	13	(62)
2	5	(23.8)
>2	3	(14.2)
Men whose babies died	2	(9.5)
Gestational age of baby (weeks)		
23–34	13	(62)
35–37	0	—
38–40	8	(38)
Marital status		
Married	15	(71.4)
Engaged	1	(4.8)
Partner	5	(23.8)
Ethnicity		
White	20	(95.2)
Asian	1	(4.8)
Geographical location <sup>a</sup>		
Urban	14	(66.7)
Rural	7	(33.3)
Socio-economic class (SEC) <sup>b</sup>		
SEC 1 – Higher (and lower) managerial, administrative and professional occupations	10	(47.6)
SEC 2 – Intermediate occupations (which includes small employers and own account workers)	3	(14.3)
SEC-3 – Routine and manual occupations (which includes, lower supervisory and technical occupations, and semi-routine and routine occupations)	8	(38.1)
Total men interviewed	21	—

<sup>a</sup> Classifications based on the Northern Ireland Urban-Rural Statistical Classification (NISRA, 2005).

<sup>b</sup> Classifications based on the Standard Occupational Classification (SOC, 2010), and the National Statistics Socio-economic Classification (NS-SEC, 2010).

a descriptive overview of the 21 participants' socio-demographic characteristics. Eighteen of the fathers participated in the study again at time 2. In the case of two fathers (Gerald-7,29yrs-T1/FT/PT; Peter-14,38yrs-T1/FT/PT),<sup>4</sup> their infants died while in hospital and they were withdrawn from the study for ethical reasons. The third father (Nick-3,24yrs-T1/EF/PT) chose to withdraw from the study due to personal circumstances. All participants were assured that their involvement in the study was voluntary and confidential.

#### Data collection

Data was collected during 39 in-depth semi-structured interviews with fathers in the study between August 2008 and December 2009. After obtaining informed written consent, the same female researcher conducted each interview in a venue chosen by the father. At time 1, the majority of fathers ( $n = 18$  of 21)

opted to conduct the interview in the NICU as this coincided with their visit to see their infant/infants. The majority of follow-up interviews (time 2) was conducted in the fathers' own home ( $n = 17$  of 18). The length of interviews varied relative to data collection point, with time 1 interviews usually lasting over 90 min and time 2 interviews being approximately 40–45 min. Given the exploratory nature of the study, the direction of the conversation during interviews was essentially that of the fathers. However, a broad *aide mémoire*, incorporating areas of interest (such as, experiences of care, coping strategies, effect on family life and impact on relationships etc.), was also utilised as flexible prompts during each interview. At time 1, fathers were asked to complete a short questionnaire detailing their socio-demographic characteristics (age, parity, marital status, ethnicity, urban/rural location and occupation).

#### Data analysis

With the participants' consent, all interviews were audio recorded and all participants were informed that direct (but non-attributable) quotes would be used in the dissemination of findings. All transcripts were verified by one researcher before data analysis by listening to the audio recording and checking for accuracy against the written transcript. The transcripts were analysed for thematic content by one researcher and the research team coded ten percent of the transcripts. The purpose of this exercise was not necessarily to build consensual understanding *per se*, but rather to seek multiple meanings which could add to the breadth and depth of the analysis. In summary, the analytical process involved reading and re-reading each transcript and inductively coding 'what was being said' at that point in the transcript by placing labels on excerpts e.g. 'decision making', 'coping', 'separation' (Ziebland & McPherson, 2006). These codes were then compared and contrasted, both within and across the data sets, and progressively organised into meaningful categories or emergent themes based on their 'look alike, feel alike' qualities (Lincoln & Guba, 1985). In addition, these inductively derived themes were re-analysed through the prism of theoretical gender studies, especially CSM. During the course of this study, the inter-subjective dynamics between the researcher and the participants (Finlay & Gough, 2003) were also considered. The analysis process was aided by data analysis software – NVIVO 7 (QSR, 2006).

#### Results

##### The social construction of gender

In many of the narratives, the study men tended to write gender out of the story in the ways in which they presented themselves as one of a pair of people caring for a medically fragile infant. Men frequently used statements that included 'we' and 'us' to denote experiences which they perceived as shared, or as held in common, with their partners. Some men also emphasised that their emotional responses were on par with that of their partners and other parents as a way of legitimising the depth of their emotions. For example, one father of twins conveyed his feelings by saying: 'the most natural thing for a parent, when a child is sick, is to...cuddle them and reassure them and...we couldn't do that and that was a heartbreaking moment' (Billy-2,28yrs-T1/EF/PT).

In other ways, the men in this study wrote gender back in. One of the ways in which they did this was by openly articulating within the interviews their beliefs and ideas about changing notions of fatherhood and by mapping out the broader social and cultural contexts shaping their present fathering attitudes and practises. For example, some men's narratives

<sup>4</sup> Direct quotations or references to study participants are annotated with a pseudonym, followed by interview number (to include timing of interview), age in years, fathering status (whether first time or experienced father) and gestational age of infant (whether preterm or term). The following abbreviations apply: yrs = age in years, T1 = Time 1, T2 = Time 2, FT = First time father, EF = Experienced father, PT = Preterm baby, T = Term baby.



highlighted how they perceived that they were 'different' from their own fathers, in terms of being more involved and displaying nurturing behaviours with their child. Others understood and defined their fathering beliefs and practises based on their own previous fathering experiences. Some of these men talked about how their experiences of fathering a medically fragile baby perpetuated feelings of regret about having been less involved in parenting their previous babies and how their current experience became a 'source of healing' which increased their desire to be 'better' fathers 'this time round' (Aidan-4,43yrs-T1/EF/PT) and to become more involved by limiting their social lives such as, frequent 'beers with the boys' (Nick-3,24yrs-T1/EF/PT).

Men further wrote gender into their narratives when describing their relations with their partner and child within the context of NICU. The men in this study talked openly about the need to 'be strong' (Aidan-4,43yrs-T1/EF/PT; Conor-6,40yrs-T1/FT/PT), to 'baton down the hatches' (Peter-14,38yrs-T1/FT/PT) and 'keep soldiering on' (Pearce-10,27yrs-T1/FT/PT). As one father described:

Oh aye, I mean that's what I say, you just have to keep soldiering on and if you sort of lay down to it, it would get on top of you. It's all about keeping going you know. (Pearce-10,27yrs-T1/FT/PT)

Many men acknowledged this need to be strong as a male gender stereotype which they both resented, and clung to, at the same time. Being strong just seemed to them like the 'natural' thing to do, a characteristic part of male coping which was closely aligned with narratives of 'keeping everything together' and 'getting everyone through this'. While, the study men acknowledged that this period was a struggle for their female partners also, men appeared to especially claim the role of being stoical as a primary role for them. Some men also commonly transposed hegemonic ideals of strength onto their child, especially at times when they themselves experienced feelings of vulnerability surrounding the circumstances. Men frequently described how they 'received' strength from seeing their child 'fight for survival' against the odds (irrespective of their child's gender). For example, one father poignantly described how he and his partner sang 'row, row, row your boat' to their critically ill baby for 4 h solid, because, when:

faced with nothing but hope left...you've got to dig in ...He's our baby and he's strong and he's a fighter, and as long as he's fighting, we're going to fight. (Peter-14,38yrs-T1/FT/PT)

Furthermore, the way in which many men valued stoicism provides some understanding of why the men in this study placed their own personal needs for care and support to one side. 'Seeking help' for these men would paradoxically undermine a key means of their coping strategy. However, the narratives also highlighted the lack of explicit opportunities for men to avail themselves of counselling support within the neonatal services. Only one father in this study received counselling support. He had encountered significant difficulties sourcing this support, indicating that 'you could have yourself hung by the time something was sorted' (Aidan-4,43yrs-T2/EF/PT).

Finally, the men in this study seemed to be very aware of cultural scripts aligning men with technology and technical competence. While some of the men in this study described how they did focus in on the technical equipment in the NICU and tried to understand the paraphernalia attached to their babies, for many fathers, this focus on the technology only endured during the opening stages as they tried to take in the visual impact of the NICU. More striking, in some of the narratives, there was an explicit rejection of this cultural alignment of masculinity with technology in two distinct ways. First, in common with findings from studies

on mothers in NICU (for example, Heermann, Wilson, & Wilhelm, 2005; Orapiriyakul et al., 2007; Shin & White-Traut, 2007), the narratives highlighted how fathers resented the way in which technology interfered with, and controlled, their ability to be close to their baby in the way that they had anticipated.

I think the incubators can act as a barrier. Now, I know they need to be in there, but when you're putting your hand in through and just touching their hand, it's not the same as the closeness that you should have with your child. (Billy-2,28yrs-T1/EF/PT)

Second, one father talked extensively about how information sharing by health professionals which focused on technical information and what the 'machines' were telling them, referred to by Guillemin and Holmstrom (1986, p. 187) as a 'patriarchal approach', was not necessarily the best approach.

[W]hat is the right approach to approaching a father coming into this process, into neonatal? Because I'm not convinced it's a technical approach. And I almost think, for me personally, the technicality of the approach has made me more anxious at times because I probably thought more about 'what's that statistic?' or 'what that measure means?' than I really should have done. And I think that's probably the challenge in this... I'm not convinced that I probably need to know as much as I do now. (Peter-14,38yrs-T1/FT/PT)

#### *Hegemonic masculinity*

Along with the need to be strong, as discussed above, the dominant element of hegemonic masculinity, which was present in the men's narratives, was that of being the 'protector', which involved the dual structure of being 'the good – i.e. involved father' and being the breadwinner, and, as it were, 'keeping it all together'. Thus, unlike Heimer and Staffen's (1998, p. 5) finding that some fathers regarded themselves as having done their share if they provided adequate financial support, the fathers in this study held constant these dual demands of fatherhood in their narratives. However, also prominent throughout these narratives was an understanding that many men struggled to enact this dual role of protection involving a sustained presence in the NICU and maintaining both domestic and paid work outside of the NICU. The findings of this study drew particular attention to competing pressures placed on men while their partners were hospitalised prior to the birth. For some participants, this only lasted a few days. Meanwhile, for eight fathers, this continued for periods ranging from one to fifteen weeks prior to the birth. At this stage, these men were not entitled to paternity leave by virtue of the fact that their baby had not been born.

Socio-economic class differences between men mediated men's ability to meet their ideals of fatherhood in NICU. The narratives highlighted the way in which the men were not only agents in the production of gender, but they were subjects of gender orders, in terms of the impact of employment responsibilities and legislation on their paternal roles during this time. Notably, men situated in the higher socio-economic class (SEC) showed relatively greater freedom to be present in the hospital, because of their financial security and their opportunities to negotiate more flexible work schedules, than men in the lower SEC. As one father who worked as a self-employed management consultant explained:

I'm fortunate that I can choose the hours that I want to work up to the point where I don't have enough money, in which case I can't. But, at the moment, I can choose the hours I want to work and I think, I don't know the average case in here [but] I would expect my situation is not the norm. (Peter-14,38yrs-T1/FT/PT)

This narrative may be contrasted with that of a 24-year-old father of extremely preterm and critically ill triplets (Nick-3,24yrs-T1/EF/PT). To assume his caring responsibilities, he took unpaid leave from his job, which was classified into the lower SEC group (SEC-3), and this was a major strain on the couple's material resources. Thus, men's ability to conform to the hegemonic gender ideals of 'involved fatherhood' and 'family provider' was affected by their broader structural positioning. Unfortunately, with the sample being so ethnically homogenous, we were not in a position to explore how ethnicity may also mediate fathers' experiences.

### Challenging gender power relations

Research continues to report that although gender inequalities in Western societies have decreased in recent decades, the household division of labour remains gendered with women doing the majority of unpaid work in the home (for example, see *Gershuny, 2011*). It is clear that the men in this study wanted to be 'involved fathers' but many also felt 'landed' for the first time with the role of 'total' responsibility for all domestic duties and being primary caregiver to other children. Notably, these narratives drew attention to the unsettling nature of these experiences for men. For example, one father described how he 'couldn't boil spuds' and had 'never been let loose with an iron'. Nevertheless, when his partner was hospitalised for 15 weeks prior to the birth, he had 'no choice' but to take primary responsibility for his three sons at home and learn how to undertake these domestic chores (Noel-20,38yrs-T2/EF/T). Interestingly, though, it was only during the periods of their partner's hospitalisation that the men referred to themselves as the 'primary caregiver' to their children. The division of labour generally changed 'back to the way things were' upon their infant's eventual discharge from hospital (for example, Noel-20,38yrs-T2/EF/T). Ultimately, this would suggest that the men in this study were unwilling, or unable, to challenge the gender power relations which position mothers as primary caregiver. This was despite the fact that some men did see their NICU experience as an opportunity for change.

By contrast, the men in this study did seek to challenge the woman-centred nature of care in the maternity units in which their partners had stayed, some for a considerable time, to give birth. As highlighted in previous research on men and maternity services (*Reed, 2009*), women, as both patients and staff, dominate antenatal units, and this can perpetuate men's feelings of being 'out-numbered' and an 'outsider' within this feminised environment. In addition, research (*Dolan & Coe, 2011; Kaila-Behm & Vehviläinen-Julkunen, 2000; Locock & Alexander, 2006*) also suggests that men can feel unacknowledged by staff as an 'equal partner' and can feel pushed aside, as the focus is more often placed on the woman. For the men in this study, they reflected strongly on the physical layout and structures of the maternity unit environment, which they perceived was not 'built' to include men at the bedsides and where they felt that they were an 'additional after thought' (Noel-20,38yrs-T1/EF/T). The perceived lack of 'male' or 'family centred' space in maternity units, was contrasted by the men in this study to their positive perceptions of the 'parents' room' and the facilities provided for both fathers and mothers in the NICU. The narratives pointed to the importance that men placed on having this 'parents' room' within the NICU, which was close to their baby, but also provided refuge from the technological milieu of intensive care. In addition, this environment provided opportunities for conversations with other parents, which was noted as an important coping resource in some men's narratives.

Also, within the NICU environment, the study men challenged gender power relations in which they perceived they were being treated as novices and/or being 'sidelined' by their partners in

relation to the intimate care of their babies. Whereas research with mothers has drawn attention to power struggles between mothers and nurses within NICU, which had implications for how the women constructed and practised motherhood (*Lupton & Fenwick, 2001*), there was evidence that many men in this study *primarily* struggled with the emotional and communication skills needed to assert themselves as equal caregivers to their child in relation to their partners. Some men talked about how they had 'to push away the wife out of the road at times' (James-5,30yrs-T1/FT/PT), so that they could be more involved in their infants' care. For other men, it was the way in which their partners 'policed' their every move, which perpetuated their strong feelings of inadequacy, and even anger at times – for example, one father talked about how he just wanted to tell his partner 'to flipping 'F' off':

[S]he [partner] was doing my head in. If she's holding the baby, know what I mean, I just sit there and watch and all and go cucci cucci coo and all but if I'm holding the baby she's all, 'flipping watch that water, watch that water you're doing this wrong' and I was going to tell her to flipping 'F' off, know what I mean. Just leave me alone a minute but she can't. She just sits and watches if I make a move, and that gets to me like, you know. Or if I see her [daughter], moving and all and you stick your hands in and make her feel your hands and do that, she'll say [partner] 'have you washed your hands?' (Gerald-7,29yrs-T1/FT/PT)

In negotiating an equal parenting role with their partners, some men talked about making a focused effort to attend the NICU at different times to their partners, so that they could each spend some 'quality bonding-time' caring for their baby and this worked very well for some fathers (Joe-9,27yrs-T1/EF/PT; Malachy-11,33yrs-T1/FT/PT).

In relation to interactions with health professionals, scholars have noted that healthcare professionals play a role in socialising mothers in caretaking responsibilities by encouraging bonding with their children (*Anspach, 1993; Heimer & Staffen, 1998; Timmermans & Freidin, 2007*). However, the fathers in this study felt that the nurses left it 'up to them' to become involved and to show competence. Our finding is consistent with that of *Heimer and Staffen's (1998, p. 196)* which suggested that fathers were less likely to come under the scrutiny of nurses but were also less likely to be socialized to be involved and, as noted by Guillemin and Holmstrom, the nurses preferred 'quiet, gentle fathers' (1986, p. 176). The narratives of one father aptly describe how the onus to be involved in the NICU weighs heavily on the men themselves. In essence, he said: 'it's what you make it. If you sit back... and do nothing, you'll be left to do nothing. But, if you try and get involved, you will be, that's what I've found' (Billy-2,28yrs-T1/EF/PT). Other fathers spoke about waiting for permission from nurses to be involved. The extent to which some men felt unable at the time to become adequately involved alongside their partners and nurses was evidenced in their follow-up interviews, when they talked about how they felt that they had 'missed out', or had to 'share' with the nurses, their babies' special moments or milestones (Marty-1,30yrs-T2/FT/PT; James-5,30yrs-T2/FT/PT; Malachy-11,33yrs-T2/FT/PT; William-18,31yrs-T2/FT/T). Thus, the narratives suggest that men were actively seeking to challenge a gender order that associates women with caring for small infants.

However, there were also degrees of ambivalence in the narratives in relation to challenging the gender order. In many cases, it was the men themselves, who emphasised their partners' primary caregiver position to their newborn infant – 'it's more important that she gets the time with him' (Noel-20,38yrs-T2/EF/T). In these narratives fathers often drew on essentialist discourses – the 'natural instincts' – of motherhood.

Sometimes [the days were] long cause you're sitting doing nothing. You're not going to always fight, you know, you do get your time with nursing him and all, but if the two of us are up here [NICU] together, I hardly get a look in you know. I think that's only natural for a mum you know. it's her natural instincts. (James-5,30yrs-T1/FT/PT)

This prioritisation of 'mothering' emphasises the ways that some men acted to uphold gender norms of parenthood but also illustrates the delicate and complex negotiation strategies within couples as they learn to parent under the public gaze and confines of NICU.

## Discussion

The cultural transformation of fatherhood has seen a move away from the 'traditional' father, perceived as the more distant parent, an authoritative figure, disciplinarian and family breadwinner to a contemporary ideal of the new involved nurturing father and the expectation of equal co-parenting (Dermott, 2008; Pleck & Pleck, 1997). However, while there may be some agreement that there is an ideological shift in men's orientation towards parenthood, the debate continues about whether this is more a shift in the 'culture' rather than the 'conduct' of fatherhood (Dermott, 2008; Kearney et al., 2000; La Rossa, 1997; Lewis & O'Brien 1987; Lupton & Barclay, 1997; Wall & Arnold, 2007). The debate mirrors the broader sociological debate relating to the rhetoric and reality of the democratisation of gender relations in the intimate sphere and the emergence of relationships that are more equally and mutually satisfying (Beck & Beck-Gernsheim, 1995; Giddens, 1992; Jamieson, 1988). This debate about fatherhood is also part of a broader 'sociology of responsibility' (Heimer and Staffen, 1998) relating to understandings of how human agency and social institutions are jointly required to compel people to take responsibility for the welfare of others. In this paper, the application of feminist informed CSM to the empirical study of fatherhood within NICU contributes to an understanding of the gendered social mechanisms which influence fathers' enactments of fatherhood in healthcare settings in three ways.

First, the analysis of the social construction of gender draws attention to the ways in which fathers actively shape fatherhood roles in social contexts. The findings of this longitudinal study of fathers are consistent with previous research, which has shown that first time fatherhood is an opportunity for men to forge new gendered identities (Barclay & Lupton, 1999; Goodman, 2005; Henwood & Procter, 2003; Miller, 2011). The findings further add to this literature in illustrating that the experience of having a baby admitted to NICU constitutes a further pivotal moment for fathers (especially those who were not first time fathers) to prioritize parenthood in their lives. Gender change was also apparent in the ways that the men were more likely to reject the gendered association of masculinity and technology in the context of NICU. Though some agreed that they were transfixed by the technology initially, allowing some men to focus on 'something', over time, and consistent with other studies of fatherhood in NICU (Lee et al., 2009; Lindberg, Axelsson, & Öhring, 2007; Lundqvist, Westas, & Hallström, 2007; Novak, 1990; Pohlman, 2009), the technical nature of the NICU interfered with fathers' desires for an early physical and emotional relationship with their infants. In all of these ways, the narratives challenge binary notions of gender prompting us to think in terms of continua of experience between men and women (Annandale & Riska, 2009). Nonetheless, the findings also demonstrated the resilience of some masculine gender framing (Ridgeway, 2009). Notably, the men in this study identified 'the father' as the overall protector of the family and as

someone who needs to remain stoical and hopeful throughout this trauma. Although the narratives also evidenced that this was an impossibility to achieve for all of the men all of the time, these masculine ideals prevailed because the maintenance of a strong gendered identity was an essential coping mechanism for the study men.

Second, the concept of hegemonic masculinity theorizes gender relations among men and illuminates the structural inequalities in men's opportunities to enact the new ideals of fatherhood. While feminist activists continue to draw attention to international deficits in the provision of maternity leave for women across western developed nations (Buzzanell, 2003; Peterson & Albrecht, 1999), it is equally important for feminists to acknowledge the deficits in universal paternity leave so that the joys and burdens of infant care can be shared (EHRC, 2009). As evidenced in this study, there were further social class inequalities in men's ability to negotiate time off from paid employment during this prolonged traumatic period, with those in the higher social classes more likely to have paid paternity leave and flexibility in time management within their terms of employment.

Third, by keeping the gender relations of power central to the analysis, CSM facilitates an analysis of how the new 'involved fatherhood' model of masculine identity, which challenges traditional ways of being a man, may not lead to a disruption of male dominated gender order (Henwood & Procter, 2003). For example, criticism has also been directed at 'new', 'involved fatherhood' for functioning as a potentially hegemonic, cultural formation that is implicated in maintaining gendered forms of power and privilege (Hondagneu-Sotelo & Messner, 1998; Lazar, 2000). The argument is that the discourse surrounding new involved fatherhood serves to licence the western middle class father to enjoy parenting, and the publicly acquired status and recognition that it now brings, while class and gender privilege allows him the resources to negotiate himself out of the majority of the labour (Hondagneu-Sotelo & Messner, 1998). More broadly, this is what Beck and Beck-Gernsheim refer to as 'Eve's late apple' (1995, p. 153) in relation to their observation that men are reaping the dividends of feminism without any of the struggle. The findings of this study evidenced a momentum of change amongst men about participating in the labour of childcare but a reluctance, over time, to identify themselves as 'primary' or even 'equal' caregivers with their female partners. This sense of short-term change only in men's levels of responsibility is consistent with Miller's (2011) findings on new fatherhood in England and Heimer and Staffen's assertion that the NICU is a site where normal social structures are less scripted (1988, p. 5). However, the findings of the study also evidence that some men in this study struggled with the communication skills required to challenge the dominant cultural association of femininity with caring within the NICU and to assert themselves as competent and equal caregivers to their medically fragile newborn babies alongside their female partners as well as NICU health professionals. Hence, there is a sense that gender equality in caring for infants requires female partners and health professionals to also shift practises.

## Conclusion

While feminist theory has been pivotal to the development of woman-centred childbirth and neonatal services for women, research on fatherhood in healthcare settings has yet to adequately apply the insights of feminist theory to understanding and accounting for fathers' experiences. This paper has advanced a feminist CSM theoretical approach to better understand fatherhood. This theory is applied in the context of a methodologically innovative study of fatherhood within NICU – since it is one of the

few studies to adopt a longitudinal qualitative design capturing fathers' experiences during hospitalisation and following discharge of their infant(s) at home. The study findings add new insights on how and why fathers struggle to articulate a parenting role alongside their female partners and healthcare professionals within healthcare settings. An understanding of these gendered experiences is critical to successfully including fathers as partners in reproductive and neonatal healthcare.

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